بيد	•	THE DIVISION					71 12 7 7 7	n.
FILED JUL 1	1 1 1955	STANDARD C	CERTIFICATE	OF DEATH	Sto	ste Filc No		<u> </u>
BIRTH NO		REG. DIST. NO.	128 PRIMARY	EG. DIST. NO	2000 Re			l
1. PLACE OF DEA	TH		2. USUA	L RESIDENCE	E (Where deceased	lived. If inst	itution: residence	befor
a. COUNTY GRE	EENE		a. STAT	MISSOURI	ь. с	GRE	ENE	1130 1DA
b. CITY (If outside cor OR TOWN CIDD TN		township) STAY (i	GTH OF c. CITY	SPRINGFIE	77	d. Is Resi s city Yes	dence within limits or incorporated tow	of n?
- SELTIN	VGFIELD	atitution, give street address o	r legation) E.J. STRE	ET OF	ural, give location)	<u> </u>	2346	, —
HOSPITAL OR INSTITUTION	CITY HOSP	′	- ADDR	1927 M	. VERNON		0-2-7	<i>></i>
3. NAME OF DECEASED	a. (First)	b. (Middle) c.	(Last)	4. DATE	(Month)	(Day) (Ye	mr)
(Type or Print)	MICHAEL		O 'LEARY		DEATH J	ULY 1 1	.955;	
5. SEX 06. (COLOR OR RACE	7. MARRIED, NEVER MA WIDOWED, DIVORCED	RRIED, 4 .8, DATE	OF BIRTH	9. AGE (In ;	years IF UNDER	Days Hours	
MALE	WHITE	MIDOMED	JUN	E 27 1874	81			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) RETIRED		10b. KIND OF BUSINES	S OR IN- II. BIRTH	11. BIRTHPLACE (City and State or Foreign C		Country)	12. CITIZEN OF COUNTRY?	WHA
		SALESMAN	COUN	COUNCIL BLUFF, IOWA		USA		
13a. FATHER'S NAME		13b. MOTHER'S	S MAIDEN NAME		NAME OF HUSB	AND OR WIF	 E	
MICHAEL O'LEA	ARY	CATHERIN	IE REARDON	MINA	A O *LEARY	(DECEA	SED)	
15. WAS DECEASED EVE	R IN U.S. ARMED F	ORCES? 16. SOCIAL S	ECURITY 17. INFO	RMANT'S SI	GNATURE OR	NAME	ADDRE	SS
(Yee, no, or unknown) (If	yes, give war or dates	of service) UNKNOWN	NO. MRS.	BRYAN ROSE	NRERG	SPRINGE	TELD. M)
						~~	INTERVAL BET	
IR CAUSE OF DEATH		ME	DICAL CERTIEI		4 1	4	2012	
18. CAUSE OF DEATH Enter only one cause per	I. DISEASE OR CO	NOTION			J fai	1=	ONS APO	
	I. DISEASE OR CO DIRECTLY LEAD!				# fai	لتر	ONST AND D	
Enter only one cause per	ANTECEDENT CA	ONDITION ING TO DEATH*(a)	DICAL CERTIFIC		J fai	لتد	ONST ASO	
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STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose	name is recorded on the reverse side	of this certificate was emba
by me, or by	, Sta	ndent Embalmer No
11 . 1		

WHITE Y

working under my personal supervision...

Licensed Embalmer No 272

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Fa

to comply with the above constitutes grounds for revocation of license). If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.